

#### APPENDIX III

## U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT WASHINGTON, D. C. 20410-5000

### SOCIAL SECURITY AND SUPPLEMENTAL SECURITY INCOME BENEFIT HISTORY REPORT

# FOR [RE] CERTIFICATIONS DURING THE MONTH OF [ ] \*\* FOR OFFICIAL USE ONLY \*\*

TRACS\_ID: TRACS00002TRACS00002 Owner/Agent: HUDWOOD SPRINGS Subsidy Type:H4

Project #: 08100002 Contract #: Unit #: 5156

Region/FO Code: Project Name: HUDWOOD SPRINGS APARTMENT Head of Household: MASTER CARTEL [For reference only]

SSN: 876-54-3210 Address:

Family Member: CASH CARTEL [Information below applies to this member]

SSN: 321-09-8765 DOB: 01/22/1986

Social Security Data: Dual entitlement Data:

Payment Status code: C- Current Payment Status C-Data not applicable

Date of Current Entitlement: 02/1992 Net Monthly Benefit if Payable: \$19.00

 Date
 Gross Benefit

 12/1997
 \$19.00 credited

 12/1996
 \$18.00 credited

 08/1996
 \$18.00 credited

Buy-in

Medicare Data: Premium Buy-in Start Stop

Hospital Ins.: Supp.Med.Ins.:

Payee Name and Address: MASTER A CARTEL

FOR CASH A CARTEL

APT 5156

2845 7<sup>TH</sup> STREET

WASHINGTON, DC

#### SUPPLEMENTAL SECURITY INCOME DATA:

Payment Status Code: C01 - Eligible for payments

Alien Indicator: A

SSI Monthly Assistance Amount (Current): \$494.00

State Supplement Amount (Current): Payment History of Net Benefits Paid:

Date Federal Amt State Amt Type of Payment 01/01/1998 \$494.00 Recurring Payment 03/01/1997 \$484.00 Recurring Payment

01/01/1997 \$484.00 Recurring Payment

Payee Name and Address:

BLACHE CARTEL

CASH CARTEL

APT 5156

2845 7<sup>TH</sup> STREET

WASHINGTON, DC

Black Lung Entitlement: \$0.00

Disability: Yes Report Date: 10/02/1998

(DATA FROM TENANT RENTAL ASSISTANCE CERTIFICATION SYSTEM - THIS IS FICTITIOUS DATA)